AIR TRANSPORT RECOMMENDATIONS

Note: Comments received during the EMSAAC board meeting held on June 22, 2004, appear in boldface, italic type at the end of each relevant section.

1. **Definitions (per Title 22, Chapter 8 Prehospital EMS Aircraft Regulations)**

    - Air ambulance (including staffing)
    - Rescue aircraft (including staffing)
        - ALS rescue
        - BLS rescue

    COMMENTS: The definitions are provided in the aircraft regulations. The state regulations are a minimum and some LEMSAs may have further restrictions in local policies or ordinances. The LEMSAs may exceed the minimum standards set forth in state regulations to meet the needs of the community, however, statewide consistency is encouraged. Providers should work with LEMSAs to ensure local policies/ordinances are upheld.

2. **Roles and Responsibilities**
    - Incident Commander
    - Obligations for assessing incident regarding patient transport (air vs. ground)
    - Determination of air rescue vs. air ambulance (based on availability and patient's condition) *within local EMS policy*
    - Responsibilities in patient care transfer

    COMMENT: Health and Safety Code [Section 1798.6] defines the incident commander (highest medical level = patient care). [Also, Section 409.3 of Penal Code] This should be referenced in the recommendations developed.

    Group consensus: LEMSAs should establish policies, procedures, and standards of care; written air transport agreements; air ambulance committees; and a continuous quality improvement (CQI) system with all public and private air transport providers within their system. Establishment of an early activation system should also be considered for air ambulances.

    EMSAAC COMMENTS: Rescue aircraft providers and base LEMSAs should have written agreements. All air transport providers servicing the region should provide input in the development of air transport policies and local field education efforts in order for these providers to be integrated into the EMS system.

    - Dispatch center
        - Inform incident commander of craft status for decision making

    Group consensus: Dispatchers should be provided training regarding types of aircraft (air ambulance and air rescue) and their uses within the policies of the local jurisdiction. They should also be involved in development of policies as well as CQI.

3. Authorization of Operation of EMS Aircraft

- LEMSA
  - Authorization and *medical* qualifications of aircraft
  - Local ordinance
  - Definition of operating area (including service area map)
  - Out-of-jurisdiction aircraft

- EMSA
  - *Medical* authorization/classification of rescue aircraft (for CHP, Dept. of Forestry, National Guard)

Group consensus: LEMSA and EMSA authorization and qualifications should be based upon medical qualifications and not mechanical features.

EMSAAC COMMENTS: Air transport units must be accredited by the LEMSA governing the units' base location. If a unit frequently responds to an area governed by another LEMSA, accreditation by this second LEMSA should be considered.

4. Communications

- Methods of communication (e.g., use CalCORD, fire red, but not fire white)
- Protocol for communications (e.g., conditions for dispatch to IC, IC to aircraft, aircraft to aircraft, aircraft to hospital)
- Reporting communications difficulties

Group consensus: Local agencies should have a communication mechanism in place to ensure all aircraft operating within area are aware of all others.

5. Requesting EMS Aircraft

- Who can request
- Conditions for request *that are best for the patient and overall safety requirements*
- Suitability of incident site for specific aircraft
  - incident type
  - patient status
  - multi-casualty
  - weather
  - other

Group consensus: Patient and overall safety should be added as considerations under conditions for requesting aircraft.

- Criteria for request for specific type of aircraft: air ambulance, air rescue (ALS or BLS)
  - incident type
  - physical rescue
  - response times (linked with patient status)
  - other

EMSAAC COMMENT: Availability of BLS or ALS rescue aircraft should be communicated to requestor. Reference role of ground CHP in approving landing zone for air transport unit.

6. Canceling Aircraft

- Who has authority
- Who is notified and how (i.e., protocol)
- Conditions for cancellation *after patient evaluation by on-scene personnel, in compliance with local policy*
  - Patient status
  - Type of condition or injury
  - Response time or availability of other aircraft or ground transport
  - Availability of more appropriate craft
  - Other

Group consensus: Conditions for cancellation should be determined after on-scene evaluation of patient, based upon local policy.

7. Scene Safety

- Prioritizing use of landing zone (authorization and criteria)
- Protocol for multiple aircraft

8. EMS Aircraft *Medical* Quality Improvement

- Quality improvement oversight
  - LEMSA role
  - Provider role
  - Quality improvement meetings
    - Who convenes
    - Who attends
    - Schedule (e.g., at least quarterly)
    - Format

Group consensus: Medical director of provider agencies should work with LEMSA medical directors to communicate air transport issues.

- Gathering and maintaining data on:
  - Number of responses
  - Number of cancellations
  - Number of transports
  - Number of incidents of aircraft unavailability
  - Other

- Case review
  - Case data research

- Filing complaints, grievances *at lowest level possible (i.e., agency to agency first, then LEMSAs)*
- Investigating complaints, grievances

Group consensus: Issues should be resolved at the lowest possible level. All EMS system participants (LEMSAs, field personnel, air transport personnel, dispatch, others) should be educated on the system policies.

EMSAAC COMMENTS: Field education is necessary for incident commanders and first responders, including air transport providers, regarding the selection of air transport resources as well as the potential need for a higher level of care. Air transport calls with complaints should be reviewed at the provider level for complaint resolution prior to forwarding the call to the LEMSA for review.